



Application for Employment

Town of Colma

1198 El Camino Real

Colma, CA 94014

☎ (650) 997-8300 Fax (650) 997-8308

www.colma.ca.gov

Department Use Only

Date Received _____

Accept _____

Late _____

No _____

Interview Date _____

Please type or print with blue or black ink.

Position Applied For _____

Date of Application ____/____/____

Name _____
First Middle Last

Social Security # ____-____-____

Address _____
Number and Street Apt. City State Zip

E-mail _____ Telephone (____) ____-____ Other Phone (____) ____-____

Are you 18 years or older? Yes ☐ No ☐

Date of Birth ____/____/____
(Police Applicants Only)

Have you ever been convicted of any violations of the Law, excluding traffic violations and Health and Safety Code sections 11357, 11360, 11364, 11365 or 11550 related to marijuana prior to 01/01/1976? A conviction is not necessarily a bar to employment. Each case will be given individual consideration, based on relevance to the position.
Yes ☐ No ☐

If yes, explain. _____

Has your Driver License ever been suspended or revoked? Yes ☐ No ☐

If yes, explain. _____

Driver License No. _____ State _____ Expiration Date _____

Were you ever discharged or forced to resign from any position? Yes ☐ No ☐

If yes, explain. _____

Have you ever worked for the Town of Colma? Yes ☐ No ☐

Dates _____ Department _____

Are you related to any person employed by the Town of Colma? Yes ☐ No ☐

Name _____ Relationship _____ Dept./Position _____

EDUCATION & TRAINING

| | | | | | | | | | | | | | |
|---|--|---------------------------------------|---|---|---|---------------------|---|---|---|---------------|----|----|----|
| High School Graduate? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, circle highest year completed: | | | | | | | | | | | |
| High School Equivalency? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | Name and Location | Major Subjects | | | | Degree/Certificates | | | | Date Received | | | |
| High School | | | | | | | | | | | | | |
| College or University | | | | | | | | | | | | | |
| Graduate School | | | | | | | | | | | | | |
| Vocational or Special Training | | | | | | | | | | | | | |
| Professional License or Certificate (If applicable) | | Certificate No. | | | | Date Issued | | | | Date Expires | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

OTHER JOB RELATED SKILLS

| | | | |
|--------------------------|--|-------------------|--|
| Typing Speed | | Computer Programs | |
| Languages Spoken/Written | | Other | |

EMPLOYMENT HISTORY

Starting with the present or most recent experience, provide the following information for all employment during the past 10 years. You may attach a resume or a supplemental sheet, but this section must be completed. Include volunteer employment, if applicable.

May we contact the employers listed below? Yes ☐ No ☐ (If no, indicate which employer(s) not to contact.)

| | | | |
|---|----------------|---------------------------------|-----------|
| FROM | TO | EMPLOYER | TELEPHONE |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR (NAME AND TITLE) | | JOB DUTIES AND RESPONSIBILITIES | |
| MONTHLY SALARY START \$ _____ FINAL \$ _____ | HOURS PER WEEK | | |
| REASON FOR LEAVING | | | |
| FROM | TO | EMPLOYER | TELEPHONE |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR (NAME AND TITLE) | | JOB DUTIES AND RESPONSIBILITIES | |
| MONTHLY SALARY START \$ _____ FINAL \$ _____ | HOURS PER WEEK | | |
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| FROM | TO | EMPLOYER | TELEPHONE |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR (NAME AND TITLE) | | JOB DUTIES AND RESPONSIBILITIES | |
| MONTHLY SALARY START \$ _____ FINAL \$ _____ | HOURS PER WEEK | | |
| REASON FOR LEAVING | | | |

CERTIFICATION OF APPLICANT (Carefully read before signing): I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification or dismissal from employment. I agree to conform to the rules and regulations of the Town of Colma. I consent to inquiries regarding my past employment. I further understand that I may be fingerprinted, required to submit to a complete medical and/or psychological examination, and to furnish such proof of eligibility to work in the United States and education as may be requested, or otherwise investigated prior to appointment. I release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing this information. **DISABLED APPLICANTS:** The Human Resources Office may have resources to assist you in the exam process. If you have special needs, please call 650.997.8300. EOE

Signature _____

Date ____/____/____